

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">A</div> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)         </div> </div>							SERIAL NO. <span style="font-size: 1.2em; font-weight: bold;">10786070</span>		FILING DATE				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
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49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						